

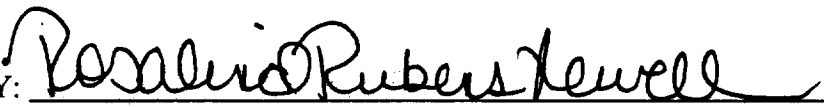
Entered - 03/02/01 - sb
CL01L0141 - DIANNE C. MITCHELL

CLAIM OF: MICHELE R. RUSSELL
130 Greenwood Circle
Decatur, Georgia 30030

01-*2*-0514

For damages alleged to have been sustained as a result of vehicular damage due to a pothole on February 3, 2001 at Peachtree Road and Wieuca Road.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0141

Date: March 15, 2001

Claimant /Victim MICHELE R. RUSSELL

BY: (Atty)(Ins. Co.)

Address: 130 Greenwood Circle, Decatur, Georgia 30030

Subrogation: Claim for Property damage \$ 146.84 Bodily Injury \$

Date of Notice: 02/20/01 Method: Written, proper X Improper

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 02/03/01 Place: Peachtree Road and Wieuca Road

Department Division:

Employee involved Disciplinary Action:

NATURE OF CLAIM: The claimant alleges that her vehicle was damaged when she drove into a pothole. This location is part of the Georgia State Highway System and is responsibility of the State of Georgia. However, the investigation did determine that the "pothole" was made by a private company, NSG, who was locating underground utilities. The claim has been forwarded to this company for handling and the claimant has been advised of same.

INVESTIGATION:

Statements: City employee Claimant Others X Written Oral X

Pictures Diagrams Reports: Police Dept Report Other

Traffic citations issued: City Driver Claimant Driver

Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental Ministerial

Improper Notice More than Six Months Other Damages reasonable

City not involved X Offer rejected Compromise settlement

Repair/replacement by Ins. Co. Repair/replacement by City Forces

Claimant Negligent City Negligent Joint Claim Abandoned

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01

Claims Manager:  Concur/date 03-15-01

Committee Action: Council Action

M. Russell
03/01/01COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERKCity Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 2/13/01

FEB 20 2001

ENTERED - 3-2-01 - SB
01L0141 - DIANNE MITCHELL

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 146.84 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 2/3/01 2. Time of Incident: 2:15 p.m. 3. Police called: X
(month/day/year) Yes No
4. Location of incident (including street address): SOUTHEAST CORNER OF PEACHTREE & WIEUCA
5. Name of your insurance company: USAA Policy No. 12796302
6. State what and how incident occurred: I WAS DRIVING NORTH ON PEACHTREE & WAS IN THE RIGHT TURN LANE TO TURN EAST ON WIEUCA (IN FRONT OF TARGET/GALYAN'S SHOPPING CENTER). MY LEFT FRONT TIRE HIT A VERY DEEP POTHOLE & THERE WAS AN IMMEDIATE BLOW OUT OF THE TIRE. THE POT HOLE IS NOT VERY VISIBLE. WHEN I WALKED BACK TO SEE WHAT I HIT, I SAW A VERY
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: VOLVO C70 1998 324 X4V MICHELE R. RUSSELL
(Make) (Year) (Tag Number) (Driver's Name)
City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: _____
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE
INFORMATION IS TRUE AND CORRECT

Signature of Claimant

MICHELE R. RUSSELL
(Print Claimant's Name)130 GREENWOOD CIRCLE
(Address)DECATUR, GA 30030
(City, State and Zip Code)(404) 872-8065 (404) 687-3333
(Work Number) (Home Number)

01-R-0514